

State of Maine
Office of Attorney General
Consumer Protection Division
Consumer Mediation Service
6 State House Station
Augusta, ME 04333-0006

G. STEVEN ROWE,
Attorney General

COMPLAINT FORM
MANUFACTURED HOME

Complaint # _____

Mediator _____

PDF

Please answer the questions below as completely as possible and **include copies** of your bills, contracts, estimates, receipts, warranty, advertisements, etc. **Do not send originals. Please print neatly or type.**

Name Of Business Complaint Is To Be Filed Against

Name of Consumer

Name of
Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

Fax: _____

Email: _____

Your
Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: Work _____ Home _____

Fax: _____

Email: _____

Name of
Manufacturer: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

Fax: _____

Email: _____

Specific details about the transaction:

Did you sign a contract? Yes: _____ No: _____

Did you receive a warranty? Yes: _____ No: _____

What is the length of the Warranty? _____

Serial Number: _____

Make: _____

Model: _____

Year: _____

Date of Transaction: _____ Price: \$ _____ Amount of money paid? \$ _____

Name of person you dealt with: _____

Was the item or service advertised? Yes: _____ No: _____

Where and When? _____

Did you finance the home purchase? Yes: _____ No: _____ Did you make a down payment? ? Yes: _____ No: _____

What was the source of your down payment? : _____

Who was the lender? _____

Did you pay by credit card? Yes: _____ No: _____

Have you contacted your credit card company to dispute your bill and request a credit to your account? Yes No

Have you sued the company or has the company sued you? Yes: _____ No: _____

Have you submitted this matter to another agency or lawyer Yes: _____ No: _____

Agency's or lawyer's name and phone: _____

May we send a copy of this complaint to the business Yes: _____ No: _____

If you check "**no**" we will not be able to mediate your complaint.

However, we will keep your complaint on our files.

PLEASE COMPLETE THE OTHER SIDE

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please indicate which age category applies to you (statistical purposes only):
Under 19() 20-29() 30-39() 40-49() 50-59() 60-69() 70-79() 80-89() 90 plus()